

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA

ENSURING QUALITY IN THE COLLABORATIVE PRACTICE

Tuesday, December 9, 2008
Renaissance Hotel & Convention Center - Montgomery, AL

REGISTRATION FEE: \$75.00
REGISTRATION DEADLINE: December 2, 2008

The \$75.00 fee includes all course materials and box lunch/dinner.
NOTE: All registration fees must be paid at the time of registration.
Attendees will NOT be allowed to pay or register at the door.

Registration Form

Name: _____

Company: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ Other: _____

E-mail: _____

Circle payment type: Check, MasterCard, Visa, American Express (Make check payable to MASA).

Card Number: _____ Exp. Date: _____ Amount: _____

Cardholder Name: _____ 3 - or 4-digit Security Code: _____

Billing Address: _____

Mark Session: _____ Session 1 - 1:00 to 4:00 p.m. _____ Session 2 - 6:00 to 9:00 p.m.

Cancellation/Refund Policy: If you cancel 2 weeks before seminar, you will receive half of your registration fee and course materials. If you cancel less than 2 weeks before seminar, you will receive NO refund and NO course materials.

Mail to: MASA Education Department / 19 South Jackson Street / Montgomery, AL 36104
Phone: (334) 954-2500 / Fax: (334) 269-5200